

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002981

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3057 Registrar's No. 28

FILED FEB 14 1962

1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN PerryvilleLength of stay in lb
2 Monthsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION P.C. Mem Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Perry

c. CITY
OR
TOWN PerryvilleInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 207 Smith StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

J

Last

Bingenheimer

4. DATE
OF
DEATH

Month

Feb.

Day

2

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-12-1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Cape County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Bingenheimer

13b. MOTHER'S MAIDEN NAME

Martha Bodenschatz

14. NAME OF HUSBAND OR WIFE

Ella Vogel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ella Bingenheimer Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion, Acute

INTERVAL BETWEEN
ONSET AND DEATH

1 hour

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary artery disease

3 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1957

to 1962

and last saw him alive on 2/2/62

Death occurred at

12:12 PM

A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.E. McDermott, MD.

22b. ADDRESS

Perryville, Mo.

22c. DATE SIGNED

2/3/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2-4-1962

23c. NAME OF CEMETERY OR CREMATORY

Grace Lutheran Cem.

23d. LOCATION (City, town, or county)

Uniontown

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons

Perryville Mo

25. DATE RECD. BY LOCAL REG.

2-4-62

26. REGISTRAR'S SIGNATURE

Joe J. Zollner

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.